the numerous illnesses suffered by Gulf vets and the probable causes of these illnesses. The research review would lay the foundation for compensating Persian Gulf War veterans by determining where associations can be made between specific exposures and illnesses and where other information must be considered.

It may take years to determine why so many veterans are sick, but we know one thing for sure. Our veterans are suffering and many share similar symptoms that are not attributable to any particular cause. It seems fair to use these symptoms, rather than some yet-to-be-determined causes as the basis for compensation. While this approach would require scientist to determine which conditions are most likely the result of Gulf War service, veterans would not have to prove that a certain exposure caused an adverse health outcome. That would require some science that simply does not exit.

Determining the ''prevalence'' of the illnesses Gulf War veterans experience more often than other veterans from the same era, is an epidemiologic approach endorsed by scientists from the President's Gulf War advisory panel. On February 5th, Dr. Arthur Caplan, a member of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, stated that his Committee felt that a prevalence model gave the veterans the greatest benefit of the doubt. According to Dr. Caplan, ''Gulf War Illness is a very real phenomena. No one on this committee should doubt that for a moment . . . What should be forthcoming . . . is an unwavering commitment from this Congress and this administration to provide the health and disability benefits to all those who became sick when they came back from the Gulf.''

The Persian Gulf Veterans Act of 1998 would also require the Institute of Medicine of the National Academy of Sciences (NAS/IOM) to review emerging technologies to assess exposure to agents that may have been present in the Gulf or to identify new diagnostic tools for some conditions. It would ask the NAS/IOM to assess the most effective treatment protocols for illnesses like those from which Persian Gulf veterans suffer and to review the research undertaken by the federal government and offer its own assessment of the research to date along with identifying research that should be done to fill the knowledge gaps. This would provide the ''third-party'' perspective sought by many Persian Gulf veterans, as well as the American public. The Persian Gulf Veterans Act of 1998 would also require the information infrastructure VA, DOD and Congress need to review the extent of veterans' health care problems and monitor these agencies' abilities to address them with adequate compensation and health care services.

We must never give up on our efforts to learn why many of our Gulf vets are sick, but we must also use the best available means to treat their symptoms and to compensate them for their disabilities. Our veterans deserve the benefit of the doubt on this issue, and that's what the Persian Gulf Veterans Act of 1998 is designed to give them.

PREVENTING THE TRANSMISSION OF HIV

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 26, 1998

Mr. LANTOS. Mr. Speaker, earlier this month the Subcommittee on Health and Environment of the Commerce Committee held a hearing on ''Preventing the Transmission of the Human Immunodeficiency Virus (HIV),'' at which a number of witnesses discussed the problems related to this serious health issue facing our nation. The subcommittee also considered legislation that has been introduced in the House relating to HIV transmission. I requested the opportunity to present a statement for inclusion in the record of the hearing, Mr. Speaker, because of the importance of this issue to my congressional district and because of the serious national importance of this health problem. Unfortunately, there is considerable misunderstanding of the issue and the best way to deal with it.

Mr. Speaker, I ask that my statement to the Subcommittee on Health and Environment be placed in the RECORD, and I urge my colleagues to give thoughtful consideration to this important issue. It is probable that the House will be considering legislation involving the transmission of HIV later this year, and it is important that all of us here in this body be well informed on this issue.

STATEMENT OF CONGRESSMAN TOM LANTOS

HEARING OF THE SUBCOMMITTEE ON HEALTH AND ENVIRONMENT ON PREVENTING THE TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HOUSE COMMITTEE ON COMMERCE

Mr. Chairman, I thank you for conducting this hearing on HIV transmission and prevention and for this opportunity to express my support of our country's public health efforts in dealing with this serious epidemic.

As you know, the Center for Disease Control (CDC) reports over 600,000 AIDS cases reported nationally since the outbreak of the AIDS epidemic. Annually, 40,000 new HIV infections are reported and approximately 650,000–900,000 Americans are diagnosed HIV-positive. According to the San Francisco AIDS Foundation, California alone currently reports over 100,000 cases which accounts for nearly 18% of all AIDS cases in the U.S. Only New York reports a larger total number of AIDS cases. These figures indicate precisely why the fight against HIV transmission and infection is a top public health priority.

Despite these overwhelming numbers associated with HIV infection, I am greatly encouraged by the fact that California has recently reported a 60% decline in AIDS-related deaths in the first six months of 1997, as compared to the first six months of 1996. And it is especially urgent that we understand what has enabled California to dramatically decrease its number of AIDS deaths and cases so that we may reproduce these efforts and continue to successfully combat the disease. Federal funding has been a main impetus through which we have developed new drug therapies, and we cannot underestimate the significance of improved access to medical care and increased prevention efforts in reducing AIDS transmission and fatalities.

Our country needs to take an intelligent approach to the AIDS epidemic. By intelligent approach, I mean that we need to take into account how different populations are affected by this disease. We now know that new HIV infections in the U.S. occurs among people between the ages of 13 and 20. Young gay and bisexual men experience disproportionately high numbers of AIDS cases and HIV infections. We know that the proportion of AIDS cases has risen among women and among several minority groups, despite declining in several other populations. The facts are compelling, and rather than ignore these facts, we should direct our attention to specific populations that have been specifically affected.

Research and science are our tools; we should use them to guide us in our federal policies. Because the scientific and statistical findings in regards to HIV transmission indicate significantly different proportions of HIV infection in different population groups, I am fully supportive and a proud cosponsor of H.R. 1219, the Comprehensive HIV Prevention Act of 1997, introduced by my esteemed colleagues Representative Nancy Pelosi (D-CA) and Representative Constance Morella (R-MD). Their legislation will promote targeted, primary prevention programs that effectively consider the increasing challenge for high risk populations such as people of color and women. H.R. 1219 would enhance federal coordination and planning by giving authority and responsibility for developing a strategic HIV prevention and appropriations plan to the Secretary of HHS, in consultation with an Advisory Committee. In addition, the bill will authorize further research for investigating possible new HIV infection sites. With its provisions for community-based prevention programs, counseling and testing programs, treatment and related services for rape victims, funding for AIDS/HIV education and information dissemination, as well as adolescent and school-based programs—the Pelosi-Morella act is a thorough and natural extension of current HIV prevention programs in the United States. It will approach HIV prevention through methods that are locally defined, community-based, and that utilize at-risk population targeting.

In contrast, the HIV Prevention Act of 1997 (H.R. 1062) is based upon a belief that identifying individuals who are HIV positive, in and of itself, can prevent new infections. It is a major setback to the progress we have been making in implementing effective HIV prevention programs. Despite the fact that no other disease is required to be reported by federal mandate, and despite the fact that the CDC has not requested that Congress create such an unprecedented mandate for HIV, H.R. 1062 still calls for mandatory partner notification.

Furthermore, H.R. 1062 mandates reporting of HIV infected people to the State public health officer and the CDC. Not only should HIV reporting remain a state responsibility, but this mandate is a coercive measure which would discourage people at risk for HIV from seeking treatment and testing at a time when we are making impressive breakthroughs in new treatments. This measure would only hurt our efforts to slow HIV transmission, a public health concern. There is no reason for us to isolate and differentiate HIV from other sexually transmitted diseases, nor to stigmatize HIV infected citizens.

The creation of a national partner notification program as would be mandated by H.R. 1062 would also be an unnecessary waste of resources. Furthermore, the Ryan White CARE Act Amendments of 1996 already requires states to administer partner/spousal notification programs as a condition of receiving HIV care funding. The HIV Prevention Act of 1997 would prevent state and local officials from effectively targeting their programs and making decisions to meet the needs of their individual, unique

populations. We cannot tolerate a reductive one-size-fits all solution to HIV infection, a complex epidemic.

We should not simplify our efforts to prevent HIV transmission. In fighting the epidemic of HIV, we have learned a great deal from our colleagues in scientific research. Because I believe that needle exchange programs have proven to be an effective and cost-effective way of reducing the spread of HIV, I am delighted to also be a cosponsor of H.R. 2212, the HIV Prevention Outreach Act of 1997, introduced by Representatives Elijah Cummings and Nancy Pelosi.

A single clean syringe costs less than 10 cents, and treatment for one HIV-infected individual costs over $100,000. More than half a billion dollars in health care expenditures could be avoided through the implementation of needle exchange programs. There is a tragic cost to not acting and implementing needle exchange programs. The Cummings-Pelosi bill would end the ban on federal funding of needle exchange programs, and along with H.R. 1219, it enables us to battle AIDS in such a way that does not ignore the inroads we have already made into how the disease has affected certain populations.

It is my pleasure to announce that I am not alone in my sentiments about needle exchange. The findings of the scientific community support my view that needle exchange is a necessary and extremely efficient way of dealing with HIV transmission. To date, six federally funded studies, including a Consensus Development Conference by the National Institutes of Health and also a study by the University of California, San Francisco for the Centers of Disease Control and Prevention, all demonstrate the effectiveness of needle exchange in reducing an important risk factor for HIV transmission. It is not a coincidence that by providing clean needles to injection drug users who comprise nearly 50% of newly infected HIV victims, we are slowing the spread of HIV not only to those who will use the needles but to their partners and their children as well.

This information has found the ears of the American public, approximately 66% of which support needle exchange. Distinguished and respected public health organizations such as the American Medical Association, the American Public Health Association, as well as public officials and legal groups such as the United States Conference of Mayors and the American Bar Association have all heard the facts supporting needle exchange and are supportive of preserving the authority of the Secretary of Health and Human Services to determine if federal funds can be used for needle exchange programs.

In the matter of HIV transmission and infection, we should listen to what our scientific knowledge makes undeniable; we need comprehensive programs such as those authorized by the Pelosi-Morella bill, and we need to give our public health officials the means to combat HIV through needle exchange, as expressed through the Cummings-Pelosi bill.

I urge the Congress not to delay the use of federal funds for needle exchange programs. Furthermore, I want to reiterate the importance of learning from our research investigations of HIV infection and AIDS cases. The spread of HIV has taken a specific path that we have traced, and that we must take steps to counteract. The word is out that needle exchange is a successful way of addressing HIV transmission. The word is out that we can best approach this problem by funding research and funding programs that will allow states to target and address the specific developments of the HIV/AIDS epidemic. We need to lift the ban on federal funding of needle exchange and to address the needs of children, women, and minorities who are affected by AIDS and the HIV infection.

Thank you again for holding this important hearing. I hope you will be supportive of state and local officials in their efforts to combat HIV transmission and infection.

TRIBUTE TO DOYLE WILLIAMS

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 26, 1998

Mr. MILLER of California. Mr. Speaker, I rise today to invite my colleagues to join me in recognizing Doyle Williams, retiring Business Manager and Financial Secretary of the Plumbers and Steamfitters' Local 342.

Doyle has long been an active and committed member of Local 342. Being initiated as an apprentice in May 1959, Doyle soon became a leader amongst his union brothers. Understanding the importance of a strong union organization to his community's many working men and women, Doyle undertook to position Local 342 as an integral member of Contra Costa County's labor movement. His personal involvement with the California State Pipe Trades Council, the Central Labor Council of Contra Costa County, the Contra Costa Building & Construction Trades Council and many other such organizations, has benefitted not only the members of his own union, but all of those working in the trades.

I would like to personally thank Doyle for his activism in the area of public policy. On the numerous occasions that I have addressed the House on behalf of our country's working men and women—on such critical issues as the minimum wage, occupational safety, national trade policies, to name just a few—Doyle was always there to let me know that I spoke with the support of labor. His thoughts and counsel over the years have been invaluable to me, and it has been my honor to work with him.

On behalf of the U.S. House of Representatives I would like to congratulate Doyle Williams and wish him a happy and healthy retirement.

THE 75TH ANNIVERSARY OF THE BOROUGH OF RIVERDALE, MORRIS COUNTY, NEW JERSEY

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 26, 1998

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to commemorate the 75th Anniversary of the Borough of Riverdale, Morris County, New jersey. Although not an independent municipality until 1923, Riverdale has a long a rich history that extends well before the Revolutionary War.

Riverdale was first settled by Dutch and English pioneers in 1695 and was part of a larger area historically known as Pompton, after the local Indian village and tribe that bore the same name. The borough itself went through several name changes since its first settlement—called at First New Greenwich, then Townsha—and remained a subsection of Pequannock Township until its official incorporation 75 years ago.

While the area was originally farm country, by the early 1800's Riverdale was a place of great activity. Along with the introduction of its first school house in 1812, there existed a thriving business in wooden staves, hoops and hoop poles. In the late 19th century, with the coming of the railroad and the establishment of several larger businesses—including DuPont, a rock quarry and two rubber factories—the population of Riverdale increased rapidly. Many more houses were erected in the area, and a newer, and larger, schoolhouse was built by 1904.

Interestingly, the issue of school size, and the desire to avoid being taxed for the construction of a large schoolhouse in the Pequannock section of town, was actually one of the decisive factors that spurred Riverdale residents to form an independent borough. After many long meetings by the New jersey state legislature, Riverdale residents were finally granted the right in 1923 to officially separate from Pequannock, and incorporate as an independent municipality.

For the past 75 years, Riverdale Borough has prospered as a community and continues to thrive today. While still covering the same 1.8 square mile area that it has for several centuries—ranking it as the second smallest municipality in Morris County—Riverdale has nonetheless emerged as one of its fastest growing communities. By all accounts, the Borough of Riverdale will continue to prosper in the future, and I ask you, Mr. Speaker, and my colleagues to congratulate all residents of Riverdale on this special anniversary year.

NATIONAL FOREST MANAGEMENT PRACTICES NEED ATTENTION

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 26, 1998

Mr. BOB SCHAFFER of Colorado. Mr. Speaker, the health of the national forests in the west and the economies of rural western communities are at risk from current national forest management practices. Severe threats from fire, insects and disease endanger the forests and the health, happiness and well-being of the citizens of Colorado. While properly utilized timber harvests can effectively contribute to restoring the health of forests, timber programs on the national forests have been almost completely eliminated in Colorado.

There has been an unprecedented increase in the annual net growth of national forests since the turn of the century. Historical records and studies of paired ''then and now'' photographs suggest that the growth potential of timber has been consistently and seriously underestimated. Many scientists believe that Colorado has more, and older, trees now than at any time in recorded history.

It is well established that healthy forests have a diversity of age classes and successional stages. However, our forests have changed with the passage of time. Decreased use of our resources appears to have resulted in the overgrowth of shade-tolerant understory plant species, the overload of forest fuels, increased numbers of trees, and, alarmingly, a